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ABSTRACT

These minimum standards for tribal child care centers are being issued as guidance. An interim period of at least 1 year will allow tribal agencies to identify implementation issues, ensure that the standards reflect tribal needs, and guarantee that the standards provide adequate protection for children. The standards will be issued as regulations after the interim period. These standards are specifically for child care centers and do not apply to family child care providers. This document is organized into three sections that correspond to the basic Child Care and Development Fund health and safety standards, and is further divided into subsections around specific topics. Section 1, policies, practices, and caregiver training, addresses staffing ratios, caregiver qualifications, caregiver training, and program policies. Section 2, building and premises, covers safe environment, nurturing and enriching environment, and transportation. Section 3, infection control, discusses immunizations, sanitation, handwashing, food safety, care of ill children, and caregiver health. Each subsection contains a principle, an explanation of why the topic is important, and standards related to the topic. An appendix presents universal precautions. (TD)

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Minimum Standards for Tribal Child Care Centers

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Child Care Bureau
Administration for Children and Families
US Department of Health and Human Services

Minimum Standards for Tribal Child Care Centers

April 2000

CHILD CARE BUREAU
ADMINISTRATION FOR CHILDREN AND FAMILIES
US DEPARTMENT OF HEALTH AND HUMAN SERVICES

ACKNOWLEDGMENTS

The U.S. Department of Health and Human Services' Child Care Bureau would like to take this opportunity to thank the contributors to the ***Minimum Standards for Tribal Child Care Centers***. This document represents three years of consultation with Tribes, tribal organizations, and tribal child care programs. To oversee the development of the standards, the Child Care Bureau convened the Tribal Child Care Standards Advisory Committee that included representatives from tribal child care programs, the Child Care Bureau, the Indian Health Service, the Maternal and Child Health Bureau, the Head Start Bureau (American Indian Programs Branch), the American Academy of Pediatrics, and other health and child care organizations.

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INTRODUCTION

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193) requires that in lieu of any licensing and regulatory requirements applicable under State and local law, the U.S. Department of Health and Human Services shall develop minimum child care standards for Indian Tribes and Tribal Organizations receiving funds under the Child Care and Development Fund (CCDF). The law requires that the standards be developed in consultation with Indian Tribes and Tribal Organizations and appropriately reflect tribal needs and available resources.

Guidance

At this time, the Child Care Bureau, U.S. Department of Health and Human Services, is issuing the minimum standards as guidance and is encouraging CCDF tribal Lead Agencies to implement the standards. We are providing an interim period of at least one year to allow time for tribal Lead Agencies to identify any implementation issues, to ensure that the standards reflect tribal needs and available resources, and to guarantee that the standards provide adequate protection for children.

Technical Assistance

During this phase-in period, the Child Care Bureau will be providing technical assistance to tribal Lead Agencies regarding implementation of the standards. Cluster Trainings will be conducted, giving Tribes the opportunity to identify their individual technical assistance needs.

Future Regulatory Process

After the interim period, the Child Care Bureau expects to begin the process, including a public comment period, to issue the standards as regulations. Once the regulations are finalized, the Bureau anticipates that each tribal Lead Agency will be required to certify that it has in effect standards that meet or exceed the minimum standards.

Center-based Care

The standards in this document are specifically for child care centers. The terminology and content are tailored to reflect the unique circumstances related to centers. A separate document addresses standards for family child care providers. While the two sets of standards are similar, the separate documents are designed to assist tribal Lead Agencies' outreach and training efforts with providers.

Minimum Standards

These standards represent the baseline from which all programs should operate to ensure that children are cared for in healthy and safe environments and that their basic needs are being met. Many Tribes may currently be exceeding the standards set forth in this document. Others may need to adopt the standards. Once the minimum standards are issued as regulation, we expect that CCDF tribal Lead Agencies will have the option of using tribal, State, or local licensing or regulatory requirements, as long as the requirements meet or exceed the new minimum standards.

Relative Providers

Consistent with the statutory provision related to the CCDF health and safety requirements, we anticipate that once the minimum standards are issued as regulation, tribal Lead Agencies will have the option of exempting relative providers (i.e., grandparents, great grandparents, siblings living in a separate residence, aunts or uncles) from meeting the standards.

Organization of Document

This document is organized in three sections that correspond with the basic CCDF health and safety standards: (1) policies, practices, and caregiver training; (2) building and premises; and (3) infection control. Each section is divided into subsections around specific topic areas (e.g., staff ratios). Each subsection contains a principle, an explanation of why the topic is important, and standards related to the topic.

Consultation Process

This document represents three years of consultation with Tribes, tribal organizations, and tribal child care programs. To oversee the development of the standards, the Child Care Bureau convened the Tribal Child Care Standards Advisory Committee that included representatives from tribal child care programs, the Child Care Bureau, the Indian Health Service, the Maternal and Child Health Bureau, the Head Start Bureau (American Indian Programs Branch), the American Academy of Pediatrics, and other health and child care organizations. In addition, the Child Care Bureau has undertaken several activities to inform and consult with Tribal Leaders, including holding consultative sessions with Tribal Leaders and tribal CCDF programs at the last three national tribal child care conferences.

Error Correction Sheet
For
Minimum Standards for Tribal Child Care Center Booklet

This correction applies only to the Child Care Center Booklet.

Page 3, Second Standard

Incorrect wording:

Caregivers shall directly supervise infants, toddlers, and preschool children by sight or hearing at all times, even when the children are in the sleeping areas.

Correct wording:

Caregivers shall directly supervise infants, toddlers, and preschool children by sight and hearing at all times, even when the children are in the sleeping areas.

SECTION I
POLICIES/PRACTICES/ CAREGIVER TRAINING

A STAFFING RATIOS

PRINCIPLE

Adequate staffing ratios are important for providing quality care to children and retaining staff.

WHY THIS IS IMPORTANT

- Lower ratios allow for direct supervision and consistent caregiving.
- Children benefit from interaction in smaller groups.
- Smaller groups and lower ratios reduce stress on individual caregivers.
- Close supervision ensures the physical safety of the children and allows for better maintenance of sanitation routines.
- It is important for children to build long-term, trusting relationships with caregivers. Having a small number of caregivers contributes to forming these relationships.

STANDARDS

- Caregivers shall meet or exceed state caregiver to child ratios and group size limits.
- Caregivers shall directly supervise infants, toddlers, and preschool children by sight and hearing at all times, even when the children are in sleeping areas.
- Caregivers shall know the whereabouts of the children in their care at all times.

B CAREGIVER QUALIFICATIONS

PRINCIPLE

Children must be cared for and directly supervised by responsible, caring individuals.

WHY THIS IS IMPORTANT

- Children need to receive the highest quality of care available.
- Children thrive emotionally, physically, and developmentally in a high quality, nurturing child care environment.

STANDARDS

- **Tribes shall have a policy for conducting background checks consistent with the Indian Child Protection and Family Violence Prevention Act.**
- **Employment or character references shall be completed for all caregivers.**

C CAREGIVER TRAINING

Principle

Well-trained caregivers can provide a healthy and high-quality environment for the children and for themselves.

Why This Is Important

- Caregivers are important people in the development of young children and should have all the tools necessary to provide children with optimal care.
- Training ensures caregivers have access to current knowledge and techniques.
- Training can be an opportunity for professional development and networking with other child care providers.
- Joint training with members of the community (physicians or fire safety officials, for example) can expand the level and quality of care for children.
- Child care providers can support families as partners in the child's education and care.

Standards

- **The Tribe shall have a written plan to ensure the training of caregivers in areas including but not limited to: health and safety, child development, infectious diseases (including universal precautions), child abuse, first response, and choking prevention.**
- **Caregiver training shall be documented.**

D PROGRAM POLICIES

Principle

Established child care health and safety policies, including policies for emergency situations, ensure the safety and well being of all persons in the child care setting.

Why This Is Important

- Pre-established policies reduce confusion during emergencies.
- Written policies assure parents of the quality of care their child will receive and reduce misunderstandings between the child care providers and family members.
- Prevention strategies can help improve caregiver job satisfaction and morale, and reduce the number and seriousness of injuries and illnesses.

Standards

- **Written policies shall be established, implemented, maintained, and available, and shall address, but not be limited to, the following content areas: child development, health and safety, infectious diseases, child abuse, first response, and choking prevention.**
- Policies related to program operation shall be shared with parents of children in care.
- All caregivers, other staff, and volunteers shall be trained in the importance and implementation of the policies.
- If children will be transported, drivers shall be licensed and children shall be fastened in the vehicle in an age-appropriate restraint that is properly positioned and installed.
- To reduce the risk of Sudden Infant Death Syndrome (SIDS), infants shall be placed to sleep on their backs unless otherwise directed by the child's physician, and all sleeping arrangements for infants through 12 months of age shall use firm mattresses and avoid soft bedding materials such as comforters, pillows, fluffy blankets, or stuffed toys.

D PROGRAM POLICIES *(continued)*

STANDARDS *(CONTINUED)*

- The facility shall ask parents for information regarding the child's development, health and behavioral status, especially information about the child's health since the last attendance in the facility.
- When bottle feeding, caregivers shall either hold infants or feed them sitting up. Infants who are unable to sit shall always be held for bottle feeding. The facility shall not permit bottle propping or infants carrying bottles throughout the day or night.
- Children shall not be physically restrained by bonds, ties, or straps for disciplinary purposes. If a child must be restrained for medical reasons, that restraint should occur in accordance with the instruction of the child's physician and/or practitioner and permission of the parent.
- Each facility shall have and implement a discipline policy that outlines positive methods of guidance appropriate to the ages of the children enrolled.

SECTION II
BUILDING AND PREMISES

A SAFE ENVIRONMENT

PRINCIPLE

Healthy children require a safe physical environment in which to eat, sleep, and play.

WHY THIS IS IMPORTANT

- A well-designed environment within clean and well-maintained facilities supports each child's physical, cognitive, emotional, and social development.
- Proper attention to the issues of safety and sanitation protects the health of children and caregivers and prevents injuries.

STANDARDS

The building interior and exterior shall be maintained as follows:

- Guidelines shall be developed to assure facilities are safe, and meet tribal, state, or local fire and safety regulations.
- The facility shall follow tribal, state, or local guidelines regarding the installation and appropriate use of smoke detectors.
- Smoke detectors and other devices shall meet the tribal, state, or local regulations.
- Usable space, equipment, and exit arrangements shall be adequate for the number, ages, and abilities of the children.

A SAFE ENVIRONMENT *(continued)*

STANDARDS *(CONTINUED)*

- Indoor and outdoor play areas shall be checked daily, and prior to their use by children, for hazards.
- Paint on both interior and exterior premises shall be free from hazardous quantities of lead.
- A plan shall be in place to ensure routine maintenance, and sanitation procedures shall be conducted to keep the structure clean, sound, and in good repair.
- Sufficient heating and cooling shall be provided within the facility to maintain a temperature that will not cause harm to the children.
- Ventilation shall be provided to prevent the accumulation of harmful odors and fumes.

Access and exposure to hazardous materials shall be prevented as follows:

- Poisons, toxic materials, cleaning supplies, sharp or pointed objects, plastic bags, matches, flammable liquids, drugs of any kind, insecticides, guns, and other hazardous materials shall be stored and/or locked, covered, or removed so as to be inaccessible to children.
- All water hazards, such as pools and permanent standing water, shall be enclosed with a fence, or otherwise safeguarded to ensure that they cannot be accessed.
- Electrical outlets accessible to children shall be covered with child-resistant safety plugs.
- Smoking, alcohol, and illegal drugs shall be prohibited on the premises of the facility at all times.
- Persons under the influence of alcohol or illegal drugs shall not be allowed in the child care setting.

In the event of an emergency, children and caregivers shall be protected as follows:

- The child care facility shall have and post emergency plans and procedures appropriate for the facility, addressing potential disasters such as fire, hurricane, volcano, flood, blizzard, tornado, etc.

A SAFE ENVIRONMENT *(continued)*

STANDARDS *(CONTINUED)*

- Emergency plans shall include:
  - a record of two emergency contact persons for each child
  - permission slips for emergency transport to health care facilities for the provision of emergency care, signed by parents or legal guardians
  - permission for emergency treatment
  - a hospital and physician of choice as designated by the parent or guardian
  - individual plans for children with special health care needs, including allergies, developed by that child's physician
- Telephones or another identified and acceptable means of communication shall be available to facilitate contact with emergency services.
- The facility shall have a minimum of two unobstructed exits leading to safe, open areas.
- Emergency evacuation procedures shall be in place and posted prominently within the facility to evacuate children as a first priority in the event of a fire or other emergency.
- Approved, properly maintained, multi-purpose fire extinguishers, appropriate for the size of the facility, shall be readily available, and caregivers shall be trained on their operation.
- An appropriately stocked first aid kit shall be present and easily accessible to caregivers at all times, including during field trips and while transporting children. At a minimum it shall include: emergency plans, disposable gloves, band-aids and bandages, tape, sterile gauze pads, roll gauze, scissors, emergency numbers, first aid resource guide, insect sting kit.

Equipment shall be maintained to reduce the possibility of injury as follows:

- Materials, toys, and furnishings shall be safe, age appropriate, durable, and maintained in good condition.
- The layout and maintenance of all indoor and outdoor equipment and surfaces shall be carefully selected to minimize the possibility of injury to children.

A SAFE ENVIRONMENT *(continued)*

STANDARDS *(CONTINUED)*

- Equipment shall be stored in a safe and orderly fashion when not in use.
- Infant and toddler toys shall be made of non-toxic materials and shall be cleaned and/or sanitized when soiled or at least daily. If the toys are not used, they shall be cleaned weekly.
- Cribs, cradle boards and/or infant sleep equipment shall keep the infant safe from the dangers of suffocation, and will not allow a child to either fall, become entrapped, or have clothing tangled on protrusions.
- No child shall sleep on a bare, uncovered surface. Seasonally appropriate covering, such as sheets or blankets that are sufficient to maintain adequate warmth, shall be available and shall be used by each child below school age.
- Children shall not share bedding. Related children may share sleeping arrangements upon parental approval. Each item of sleep equipment (sheets, blankets, pillows, etc.) shall be assigned to an individual child and shall be used only by that child while he/she is enrolled in the facility. Each mat, cot, or crib mattress shall be covered with the child's individual sheet for exclusive use by that child.

B NURTURING AND ENRICHING ENVIRONMENT

Principle

A nurturing and enriching child care environment stimulates learning across all domains of a child's development: social, emotional, cognitive, and physical.

Why This Is Important

- The quality of a child's surroundings can have a significant effect on his or her happiness and emotional well being.
- Children who are encouraged to respect the feelings and rights of others engage in positive relationships that build social competence.
- Healthy child development and brain growth requires human contact as well as interesting and stimulating surroundings.

Standards

- A written plan for daily activities shall be in place.
- The daily activities shall include the goals for children's development and learning and the experience through which they will achieve these goals.
- Daily routines shall be established to allow children to develop expectations and feel secure at the child care facility.
- Caregivers shall model respect for the feelings and rights of others, and provide an environment that respects gender, culture, ethnicity, family composition, and the special emotional, cognitive and developmental needs of the individual child.
- The child care setting shall include toys, activities, and materials that are safe and appropriate for the various developmental stages of the children in care.
- All equipment in the setting shall be designed to support the abilities and developmental levels of the children served, with adaptations made as necessary to support children with disabilities.

C TRANSPORTATION

PRINCIPLE

Children shall always be transported in a safe manner.

WHY THIS IS IMPORTANT

- Motor vehicle accidents are the leading cause of death for children in the United States.

STANDARDS

- If children are transported, a written permission slip signed by a parent or recognized guardian shall be on file.
- Children shall be required to use safety belts or, for children under age 4, federally-approved and properly installed child passenger restraint systems (car seats).
- Children shall never be transported in the rear of a pick-up truck.
- The National Highway Traffic Safety Administration (NHTSA) recommends placing all children 12 and under in the rear seat. In the event that no option exists for placing a child in the rear seat, the following steps shall be taken:
  - ➢ Properly restrain the child.
  - ➢ Push vehicle seat all the way back to maximize distance between child and air bag.
  - ➢ Seat child directly against the seat back.
- Children shall never be left unattended in vehicles.
- Only licensed drivers shall be allowed to transport children.
- Appropriate caregiver to child ratios shall be maintained during the transportation of children.
- Strict policies shall be developed to prevent persons under the influence of alcohol or illegal drugs from operating vehicles while transporting children.
- Automobile insurance shall be maintained to meet or exceed minimum state standards.
- Vehicles shall be routinely inspected and maintained to ensure that all safety features are operational.
- There shall be no smoking in vehicles when transporting children.

SECTION III
INFECTION CONTROL

A IMMUNIZATIONS

PRINCIPLE

Immunizations prevent the spread of disease.

WHY THIS IS IMPORTANT

- Diseases may spread quickly in all child care settings.
- Young children may be more vulnerable to certain vaccine-preventable diseases.
- Child care can provide a service by identifying children who need immunizations and referring them to available health care resources.
- As public school attendance requires immunizations, it is important for young children to receive required immunizations, appropriate health examinations, and other health services in the early years of life.

STANDARDS

- **Children receiving care shall be age-appropriately immunized in accordance with Indian Health Service (IHS) or the State Public Health Agency recommendations.**
- **Tribes may exempt:**
  - **Children whose parents or guardians object to immunization on religious grounds, and/or**
  - **Children whose medical condition requires that immunizations not be given.**

B SANITATION

Principle

Proper sanitation practices significantly reduce the spread of disease.

Why This Is Important

- Germs can be spread in the classroom, toilet areas, and on toys.
- Practicing good personal and environmental hygiene reduces the incidence of infectious diseases.
- Diapering and the disposal of solid waste in the child care setting create the risk of infection and need to be managed safely.

Standards

General Sanitation

- Equipment shall be kept clean, sanitary, and in operable condition.
- Any surface contaminated by body fluids (saliva, mucus, vomit, urine, stools, or blood) shall be cleaned and disinfected immediately, and caregivers shall use universal precautions (see Appendix), including gloves, when cleaning contaminated areas.
- Toilet areas, including sinks, countertops, faucets, handles, doorknobs, toilet bowls, toilet and seats, shall be cleaned immediately when soiled, or at least daily.
- Potty chairs and changing tables shall be cleaned and disinfected after each use.
- Floors shall be cleaned when soiled or at least daily. Carpets and rugs shall be shampooed when soiled and vacuumed at least daily.
- Toys shall be cleaned when soiled or at least weekly, and small toys that children can place in their mouths shall be cleaned and disinfected after each use.

B SANITATION *(continued)*

STANDARDS *(CONTINUED)*

- Garbage and rubbish shall be removed from rooms where children and adults will be present.
- Garbage and rubbish should be stored in a closed container that prevents access by children, and animals including rodents, and insects.

Food Service Sanitation

- Food preparation areas shall be separate from eating, play, toilet, bathroom, and diaper changing areas, and areas where animals are kept.
- Food preparation areas, including countertops and tabletops, shall be cleaned and disinfected, before and after each use.
- Dishes, highchair trays, and food service utensils shall be cleaned and disinfected after each use. If basins are used, there shall be separate basins for diaper changing cleanup and the cleaning of food service utensils.
- Dishes and food service utensils shall be allowed to air dry and stored in a manner that preserves their clean/disinfected status.

C HANDWASHING

Principle

Handwashing is an important and effective way to prevent the spread of disease.

Why This Is Important

- Thorough handwashing is one of the most important and effective means for preventing disease transmission.

Standards

- Signs shall be posted at each sink indicating when handwashing is required and the proper steps to follow.
- All caregivers, volunteers, and children shall wash all parts of their hands for at least 10 seconds with soap and water and rinse them with water. If standing water is used to rinse hands, the water shall be fresh for each person and shall not be re-used. Running water is preferable.
- All caregivers, volunteers, and children shall wash their hands:
  - ➢ before and after eating, giving medication, and participation in moist play;
  - ➢ after diapering, toileting, cleaning, and the handling of body fluids, even if gloves are used;
  - ➢ after handling animals, animal waste, or animal cages.
- Paper towels shall be used to dry hands and turn off faucet handles. Each paper towel shall be used once by only one individual.

D FOOD SAFETY

PRINCIPLE

Food shall be stored, prepared, and served in a manner that prevents the spread of disease.

WHY THIS IS IMPORTANT

- Improperly stored food can spoil and/or lead to rodent and insect contamination.
- Poor food preparation practices can lead to contamination and disease.

STANDARDS

Water

- Safe drinking water shall be accessible to children while indoors or outdoors and shall be dispensed by personal water bottle, drinking fountain, or cups labeled for individual use by each child.

Food Handling

- Food shall be properly wrapped and handled.
- Food that has been served to the child and not eaten shall be discarded by placement in containers with tight-fitting lids that are emptied at least daily.
- Foods brought from home shall be labeled with the child's name, date, and the type of food, and shall not be shared with other children unless intended for that purpose.
- Warm food shall be maintained and served at a temperature not less than 140°F.
- Cold foods shall be maintained refrigerated at a temperature of 40°F or lower in the refrigerator and 0°F or lower in the freezer.

D FOOD SAFETY *(continued)*

STANDARDS *(CONTINUED)*

Bottle Feeding and Breastfeeding

- Breastmilk (if not frozen) and prepared bottles of formula shall be kept refrigerated until immediately before use.
- Frozen breastmilk shall be thawed under cold running water or in the refrigerator.
- When there is more than one bottle-fed infant, bottles of breastmilk and formula shall be labeled with the child's name and shall be used only for the intended child.
- Breastmilk or formula shall be warmed in a pan of hot, not boiling, water for 5 minutes. The bottle should then be shaken, and the milk temperature tested before feeding
- Microwaves shall never be used to heat bottles of formula or breastmilk.
- Any contents remaining in a bottle of formula or breastmilk after feeding shall be discarded.
- Prepared bottles of formula shall be discarded after 24 hours if not used. An open container of ready-to-feed or concentrated formula shall be covered, refrigerated, and discarded after 48 hours if not used.
- Unused, expressed breastmilk shall be discarded after 48 hours if refrigerated, or after 2 weeks if frozen.

Choking Prevention

- Precautions against choking shall be taken when feeding infants and toddlers.
- Caregivers shall not offer to children under 4 years of age foods that are implicated in choking incidents (round, hard, small, thick and sticky, smooth, or slippery). Examples of these foods are hot dogs (whole or sliced into rounds), whole grapes, hard candy, nuts, seeds, raw peas, hard pretzels, chips, peanuts, popcorn, marshmallows, spoonfuls of peanut butter, and chunks of meat larger than can be swallowed whole.

D FOOD SAFETY *(continued)*

STANDARDS *(CONTINUED)*

Feeding Schedules

- The facility shall provide nutritious meals according to a written plan.
- The facility shall ensure that:
  - ➢ children in care for 8 and fewer hours shall be offered at least one nutritious meal and two nutritious snacks or two meals and one snack
  - ➢ children in care for 9 and more hours shall be offered at least two meals and two snacks or three snacks and one meal
  - ➢ a nutritious snack shall be offered to all children in midmorning and in midafternoon
  - ➢ children shall be offered food at intervals not less than 2 hours apart and not more than 3 hours apart unless the child is asleep
- Caregivers shall feed infants on demand unless the parent provides written instructions otherwise.
- Individuals responsible for food preparation or service shall be free of contagious disease.

E CARE OF ILL CHILDREN

Principle

Reasonable exclusion criteria for ill children benefits all children in the child care group, their caregivers, and their parents.

Why This Is Important

- Many illnesses can be spread from person to person, particularly among young children in group care where diapers, drooling, and frequent hand to mouth behavior increase the likelihood of disease transmission.
- Children with more than mild infectious diseases can pose a safety hazard to other children by requiring a disproportionate amount of the caregiver's attention.

Standards

- **A written policy for determining inclusion, exclusion, and dismissal of ill children shall be implemented.**
- **A child shall be excluded from the facility if:**
  - **the child does not feel well enough to participate comfortably in the usual activities of the facility;**
  - **the caregivers cannot care for the sick child without interfering with the care of the other children; or**
  - **keeping the child in care poses an increased risk to other children or adults in the child care facility, as determined by the caregiver or, if necessary, a local health official.**
- **A written plan shall be in place for caring for an ill child.**
- **A written plan shall be in place addressing medication administration.**

F CAREGIVER HEALTH

PRINCIPLE

Policies addressing caregiver health are important for ensuring a healthy and safe child care environment.

WHY THIS IS IMPORTANT

- Caregivers can spread disease to children, and children can spread disease to caregivers.
- Caregivers who are physically and emotionally healthy are likely to provide a higher quality of care to children than those who are ill.
- Certain diseases that children may acquire and transmit to others, such as cytomegalovirus (CMV), rubella, and parvovirus, may pose additional risks for caregivers who are pregnant.
- Other diseases such as toxoplasmosis and listeria that can be transmitted through contact with food, feces, and animals may also pose a risk to pregnant caregivers.

STANDARDS

- **Policies shall be developed for maintaining and addressing issues related to caregiver health. The policies shall include:**
  - **guidelines for exclusion for illness and the subsequent return to work**
  - **information on the major occupational health hazards for caregivers**
  - **stress management techniques**
  - **break schedules**
- **A policy shall be in place to ensure that all caregivers shall be physically and emotionally able to care for children.**

APPENDIX

UNIVERSAL PRECAUTIONS

From *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs* (1992), page 75:

Spills of body fluids (i.e., urine, feces, blood, saliva, nasal discharge, eye discharge, and injury or tissue discharges) shall be cleaned up immediately, as follows:

a) For spills of vomitus, urine, and feces, floors, walls, bathrooms, tabletops, toys, kitchen countertops, and diaper-changing tables shall be cleaned and disinfected.

b) For spills of blood or blood-containing body fluids and injury and tissue discharges, the area shall be cleaned and disinfected. Gloves shall be used in these situations unless the amount of blood or body fluid is so small that it can easily be contained by the material used for cleaning.

c) Persons involved in cleaning contaminated surfaces shall avoid exposure of open skin sores or mucous membranes to blood or blood-containing body fluids and injury or tissue discharges by using gloves to protect hands when cleaning contaminated surfaces.

d) Mops shall be cleaned, rinsed in sanitizing solution, and then wrung as dry as possible and hung to dry.

e) Blood-contaminated material and diapers shall be disposed of in a plastic bag with a secure tie.

Illnesses may be spread in a variety of ways, such as by coughing, sneezing, direct skin-to-skin contact, or touching an object or surface with germs on it. Infectious germs may be contained in human waste (urine, feces) and body fluids (saliva, nasal discharge, tissue and injury discharges, eye discharges, and blood). Since many infected people carry communicable disease without having symptoms, and many are contagious before they experience a symptom, staff need to protect themselves and the children they serve by carrying out, on a routine basis, sanitation and disinfection procedures that approach every potential illness-spreading condition in the same way.

Education of staff regarding cleaning procedures can reduce the occurrence of illness in the group of children with whom they work.

A solution of 1/4 cup household liquid chlorine bleach in one gallon of tap water prepared fresh daily is an effective surface disinfectant for environmental surfaces and other inanimate objects that have first been thoroughly cleaned of organic soil.

Gloves are used primarily when people know or suspect they may contact blood, blood-containing body fluids, or tissue or injury discharges. These fluids may contain the viruses that transmit HIV and hepatitis B.

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